Name in Full: Mary Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mays; County: Anne Arundel

Date of death: Month: Jan; Day: 7; Year: 1904

Age: Years: 1; Months: 10; Days:

Sex: Female; Color or Race: White; Birthplace: Mays

Occupation:

Where Residing if not at place of death: Anne Arundel Co.

Married, Single or Widowed:

Name of Wife or Husband:

93.

Father's Name: William Smith; Father's Birthplace: Maryland

Mother's Maiden Name: Virgie Lee; Mother's Birthplace: A. A. Co

Name of person giving Imformation: Virgie Lee; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 9 days

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Callison

Address: South River Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Rodella Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Jamestown — County: A A

Date of death 1904 — Month: 1 — Day: 7

Age — Years: — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: A. A. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Om Smith — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Virgie Smith — Mother's Birthplace: " " "

Name of person giving Information: John R Lee — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long:

Immediate: Spasm — How long: week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J Collinson M D

Address: Scotts River

Accident or Suicide?

LIBRARY BUREAU A60016

Name in Full: Mary Starlings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dandsville County: A. A.

Date of death: Month: Jan Day: 4 1904

Age: Years: 90 Months: Days:

Sex: Female Color or Race: White

Birthplace: A A Co

Occupation:

Where Residing if not at place of death: Dandsville

Married, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Miss Minnie Butler

How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralisys

How long: 4 Mo

Immediate: yrs

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Dandridge No Physician near time of death

Address: J. S. Hines

Undertaker

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38516

Name in Full: Jafrl Szymanski.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So Balto Md County: a a

Date of death 1904	Month	Day	Years	Months	Days
	1	14	Age		24

Sex: Male Color or Race: White Birthplace: Md

~~Married~~, Single or Widowed Occupation

Name of Wife or Husband

93.

Father's Name: Frank Szymanski Father's Birthplace: Pa

Mother's Maiden Name: Lizzie Wietersykowski Mother's Birthplace: Pa

Name of person giving In formation: Mother How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: 4 days

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas N. V. Brooke

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Henry Elwood Tanner

Died at — Town: Elkridge — County: Anne Arundel — MARYLAND

Date 1914 — Month: Jan — Day: 24 — Age: Y. 5 M. 11 D. 10 — Native of: U.S.A. — Occupation: none

Male: Yes — White: Yes — Married: — — Widow: — — Divorced: —

Female: — — Colored: — — Single: — — Widower: — — Number of children living: —

Husband of
Wife

Father's Name: James Tanner — Mother's Maiden Name: Josie Shivers

Cause of Death — Primary: Scarlet fever — How long sick: 3 w 4 days

Immediate: — — Accident, Suicide, Homicide: —

Reported by: E. W. Lattimore

Address: Elkridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Annie Sydings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South River; County: Anne Arundel

Date of death: Month: Jan; Day: 11; 1904

Age: Years: 70; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housewife

Where Residing if not at place of death: Anne Arundel Co.

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: I Couldn't find out

Father's Birthplace:

Mother's Maiden Name: I Couldn't find out

Mother's Birthplace:

Name of person giving Imformation: Henry Ward

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 5 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Collinson

Address: South River Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Susan Anne Wallace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Tracey's Landing (County) Anne Arundel

Date of death 1904 (Month) Jan (Day) 19. (Years) Age 19 (Months) (Days)

Sex Female | Color or Race Black | Birthplace Calvert Co. Md.

Married, Single or Widowed: Single | Occupation

Name of Wife or Husband

Father's Name: Henry Wallace | Father's Birthplace: A.A. Co Md.

Mother's Maiden Name: Dorcis White | Mother's Birthplace: Calvert Co Md

Name of person giving information: James Wallace | How related to deceased: Brother

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Articular Rheumatism with | How long: 6 months

Immediate: Endocarditis | How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A.H. Perrie.

Address: McKendree, Ind.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles L. Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: Month: 1 — Day: 24 — 1904

Age: Years: 35 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Brooklyn, N.Y.

Occupation: Boatman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary L. Davis

Father's Name: Peter Davis — Father's Birthplace: Germany

Mother's Maiden Name: Eliza. " — Mother's Birthplace: 93

Name of person giving Information: Eliza. Davis — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: Cardiac weakness — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Kennedy

Address: U.S. Naval Academy

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Eleanor Priscilla Mrech

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenock — County: Anne Arundel

Date of death 1904: Month: Jan. — Day: 13.

Age: Years: 38 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: A. A. Co. Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: John Scrivner Mrech

Father's Name: Arthur Carr — Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Hardesty — Mother's Birthplace: Md.

Name of person giving In formation: Arthur Carr. — How related to deceased: Father

119

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Acute Nephritis — How long: 2 weeks.

Immediate — How long

Are the name, ege, sex, color, date snd place correctly given above? Yes

Signeture of Physician: A. N. Perrie

Address: McKendree, Md

Accident or Suicide?

LIBRARY BUREAU A66916

Name in Full: Pyonice Wilkinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendship; County: A A

Date of death: Month: Jan; Day: 18; Year: 1904

Age: Years: 9; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Friendship

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Wilkinson

Father's Birthplace: Calvert Co

Mother's Maiden Name: Medora Reed

Mother's Birthplace: Calvert Co

Name of person giving Imformation: Thos Wilkinson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: Whole of Life

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Francis E. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Waterbury — County: Anne Arundel Co. — MARYLAND

Date of death: Month: Jan. — Day: 2 — 1904 — Age: Years: 5 — Months: 3 — Days: 17

Sex: Female — Color or Race: White — Birthplace: A. A. Co. Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Richard G. Williams

Father's Name: John H. Bryan — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Mary Ley Watson — Mother's Birthplace: A. A. Co. Md

Name of person giving Imformation: John G. Bryan — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 2 wks.

Immediate: Pneumonia Heart failure — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. P. Gantt

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emma L. Windsor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis
County: Anne Arundel

Date of death: Month: Jan; Day: 29; 1904
Age: Years: 25~ Months: Days:

Sex: Female
Color or Race: White
Birthplace: Baltimore

Occupation: Housewife
Where Residing if not at place of death: Eastport Md

Married, Single or Widowed: Married
Name of ~~Wife or~~ Husband: Thomas Windsor

Father's Name: Francis Mitchell
Father's Birthplace: Baltimore

Mother's Maiden Name: Bell Stansbury
Mother's Birthplace: Baltimore

Name of person giving Information: Mrs. Mitchell
How related to deceased: Sister in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever
How long: 4 weeks

Immediate: Exhaustion
How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: 184 Gloucester st.
Annapolis

~~Accident or Suicide?~~

LIBRARY BUREAU A6881G

Name in Full: John S. Wood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendship — County: A R

Date of death 1904: Month: Jan — Day: 27 — Age: Years: 45 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Blacksmith — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Rosa A. Wood

Father's Name: Joseph Wood — Father's Birthplace: Md

Mother's Maiden Name: Annie Sowell — Mother's Birthplace: Md

Name of person giving Imformation: Fayette Wood — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculasis — How long: Two years

Immediate: Heart Failure — How long: Few Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Allen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of daath 1904 — Month: Jan — Day: 15 — Age — Years: — Months: — Days:

Sex: Female — Color or Race: Colored — Birth-place:

Married, Single or Widowed: — Occupation:

Nama of Wife or Husband: S 1

Father's Name: Louis Allen — Father's Birthplace: West River

Mother's Maiden Name: Mary Matthews — Mothar's Birthplace: West River

Name of person giving In formation: Louis Allen — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Ara the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Wm S. Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Estella Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: A. A.

Date of death 190 4 — Month: Jan. — Day: 19 — Age: Years 11 — Months 4 — Days

Sex: Female — Color or Race: W. — Birthplace: Brooklyn A. A. Co.

Married, Single or Widowed: Single — Occupation: Schoolgirl

Name of Wife or Husband: —

Father's Name: Duncan H. Arnold — 78. — Father's Birthplace: Brooklyn A. A. Co.

Mother's Maiden Name: Eliz Linsmeyer — Mother's Birthplace: " " " "

Name of person giving information: Alexius M'Glannan Arnold — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ulcerative Endocarditis — How long: 6 wks.

Immediate: Pulmonary Oedema — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alexius M'Glannan M.D.

Address: 2005 Madison Ave.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Mrs. Amanda Rebecca Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: Jan; Day: 31; Age: Years: 51; Months: 1; Days: 19

Sex: Female; Color or Race: White; Birthplace: Anne Arundel Co. Md.

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, ~~Single~~ or ~~Widowed~~: Married; Name of ~~Wife~~ Husband: William P. Baldwin

Father's Name: John L. Stallings; Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Matilda A. Park; Mother's Birthplace: A. A. Co. Md.

47.

Name of person giving information: William H. Moss; How related to deceased: Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Articular Rheumatism; How long: 2 weeks

Immediate: Heart failure; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. Clement Claude M.D.

Address: 9 St. John St. Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Mr Charles Boston a Co Ind

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: ____

Date of death 1904: Month: Jan. Day: Sunday

Age: Years: 65 Months: 0 Days: 0

Sex: ____ Color or Race: Colored Birthplace: South River

Married, Single or Widowed: Married Occupation: Oysterman

Name of Wife or Husband: ~~Louisa~~ Boston Julia

Father's Name: Charles Boston 79. Father's Birthplace: South River

Mother's Maiden Name: Julia Gardner Mother's Birthplace: ____

Name of person giving Information: Emma Colbert How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know How long: Don't Know

Immediate: Heart Paralysis How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? I suppose so

Signature of Physician: W Laurence Claude M.D.

Address: 9 St. John St.

Accident or Suicide: ____

9

LIBRARY BUREAU A6851©

Name in Full: Mary Alice Boston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side; County: a. a.

Date of death: 1904; Month: 1; Day: 16; Age: Years 33; Months 6; Days 25

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Occupation: House Wife; Where Residing If not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: James M. Boston

Father's Name: Robert Hoffland; Father's Birthplace: Maryland

Mother's Maiden Name: Mary A Sparrow; Mother's Birthplace: Maryland

Name of person giving Imformation: Robert Holland; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Peritonitis Acute General; How long: Two Weeks

Immediate: Paralysis Heart; How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. G. E. Boyd

Address: Shady Side Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Joshua Glover

Name in Full: Daniel Brashears

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A.

Date of death: 1904 Month: Jan Day: 17th Age: Years: 5-9 Months: Days:

Sex: Male Color or Race: Col Birthplace: Md

Occupation: Oysterman Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Mary Brashears

Father's Name: Wm Brashears Father's Birthplace:

Mother's Maiden Name: Charity Brashears Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Larynx How long: Months

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M

Address: Annapolis

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Margaret Price

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis — Town: Anne Arundel — County

Date of death 1904: Month: June — Day: 17 — Age: Years — Months — Days: 1

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wm. Price — 72 — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary Myers — Mother's Birthplace: Annapolis

Name of person giving Information: Andrew Wright — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Trismus Nascentium — How long:

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Margaret Bibby, Midwife

Address: Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Butler

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Laurel (County) A.A. Co

Date of death 1904 Jan 22 (Month, Day)

Age (Years, Months, Days) 2

Sex: Male

Color or Race: Black

Birthplace: Near Laurel Md

Married, Single or Widowed:

Occupation: None

Name of Wife or Husband:

Father's Name: Robert Butler

Father's Birthplace: A.A. Co. Md

Mother's Maiden Name: Lucy America

Mother's Birthplace: A.A. Co

Name of person giving information: Robert Butler

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Undetermined — How long: —

Immediate: Undetermined — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W.T. Taylor

Address: Laurel Md

Accident or Suicide?

Over

1

LIBRARY BUREAU A89319

This card was found among some old cards & papers turned over to me by my predecessor. The undertaker has his permit, so I send this for filing.

Name in Full: Solomon Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Shady Side — County: A. A.

Date of death: Month: Jan — Day: 23 — 1904

Age: Years: 72 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Eliza Bryan

Father's Name: Stephen Carter — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Jane O Carter 120 — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 2 yrs

Immediate: Pulmonary Edema — How long: 2 days

Ara the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Geo. T. Dent M D

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Elgie Chapman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury; County: Anne Arundel

Date of death 1904: Month: Jan.; Day: 28; Years: Age; Months: 15; Days:

Sex: Female; Color or Race: Black; Birthplace: A. A. Co. Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John Chapman

Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Caroline Green

Mother's Birthplace: A. A. Co. "

Name of person giving Imformation: John Chapman

How related to deceased: Father

90.

CAUSES OF DEATH –

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 30 days.

Immediate: Pneumonia — How long:

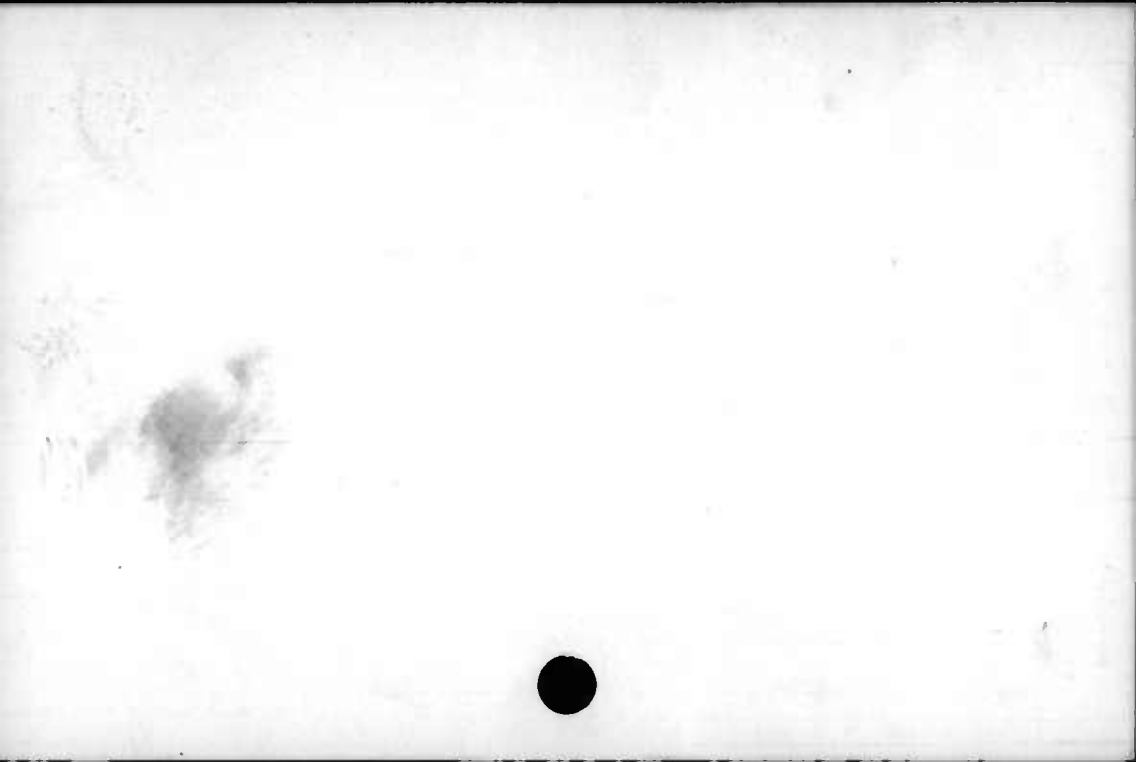
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. B. Gantt

Address: Millersville Md "

~~Accident or Suicide?~~

LIBRARY BUREAU A88516



Name in Full: Josephine Chovanec

CERTIFICATE OF DEATH

MARYLAND

Died at: So. Balto. | Town | County: A. A.

Date of death: 1904 Month: Jan Day: 14

Age: Years — Months: 11 Days —

Sex: Female Color or Race: White Birthplace: So. Balto. Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Anton Chovanec 95 Father's Birthplace: Austria

Mother's Maiden Name: [redacted]ophia Miteska Mother's Birthplace: Austria

Name of person giving Imformation: Anton Chovanec How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Congestion Lungs How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

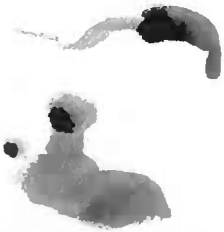
Signature of Physician: Thomas B Horton M.D.

Address: So. Balto - Md

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816



Name in Full: John Robt. Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: Jan; Day: 2; Years: 30; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: a a co

Occupation: Clerk; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mary M. McKinney

Father's Name: James Davis; Father's Birthplace: a a co

Mother's Maiden Name: Milcah Redmond; Mother's Birthplace: Ireland

Name of person giving Information: Jesse Thomas; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

34

CAUSES OF DEATH

Primary: General Tuberculosis; How long: 1 year

Immediate: Asthenia; How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: John Wm M. Swiney Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: January — Day: tenth

Age: Years — Months: 2 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Annapolis, Md.

Occupation — Where Residing if not at place of death: 105

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John K. Davis — Father's Birthplace: Taylorsville Q. A. Co.

Mother's Maiden Name: Marion J. McSwiney — Mother's Birthplace: Washington D.C.

Name of person giving Information: Julia M. S. Miller — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero Colitis — How long: 2 weeks

Immediate: Meningitis — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S. Welch

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A38518

Name in Full: Henrietta Carrickson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dudley; County: A. A.

Date of death: Month: June; Day: 25; Year: 1904

Age: Years: 77; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Balto. Co., Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Federal Carrickson 90

Father's Birthplace: Md

Mother's Maiden Name: Henrietta Magraw

Mother's Birthplace: Md

Name of person giving Imformation: Mrs Florence Wood

How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis

How long: 4 Days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Drach M.D.

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU ASSUTD.

Name in Full: Harris Mitchell Ensor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: near Woodwardville — County: A. Co.

Date of death: Month: Jan- — Day: 13 — Year: 1904 — Age: 34 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: Farmer — Where Residing if not at place of death: Woodwardville Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Laura Ensor

Father's Name: Chas. Ensor — Father's Birthplace: Md.

Mother's Maiden Name: Mary Wilhelm — Mother's Birthplace: Balto. Md.

Name of person giving Information: Laura Ensor — How related to deceased: wife

108

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Obstruction of bowel — How long: Nine days

Immediate: Collapse — How long: Few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Duvall M.D.

Address: Springfield Md.

Accident or Suicide? No.

LIBRARY BUREAU A88618

Name in Full: Charles F. Fisher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904: Month: Jany — Day: 4 — Age: Years: 43 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Painter — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Velia Augusta Richardson

Father's Name: Frank Fisher — Father's Birthplace: Balto.

Mother's Maiden Name: Sarah F. Miller — Mother's Birthplace: " "

Name of person giving Information: Velia Augusta Fisher — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A38016

Name in Full: Maysie Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Veale; County: A A

Date of death 1904: Month: Jan; Day: 1; Age: Years: 1; Months: 3; Days: —

Sex: Female; Color or Race: White; Birthplace: Veale, Md

Married, Single or Widowed: Single; Occupation: none

Name of Wife or Husband: —

Father's Name: Chas. Ford; Father's Birthplace: A.A. Co Md

Mother's Maiden Name: Mary Lloyd; Mother's Birthplace: Md

Name of person giving Information: Chas Ford; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Pneumonia; How long: 3 weeks

Immediate: Intestinal Perforation; How long: 1 Day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Smith M D

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Chas Funck

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brooklyn — County: A. A.

Date of death: Month: 1 — Day: 17 — 190

Age: Years: 41 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation: Painter — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Nettie

Father's Name: William H Funck — Father's Birthplace: Germany

Mother's Maiden Name: Louisa Phippier — Mother's Birthplace: Germany

43

Name of person giving Information: Joseph Shanbacker r Fm — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J B Robinson

Address: Brooklyn Md

Accident or Suicide? No

LIBRARY BUREAU A68818

White

Pfeifer

Gen

Name in Full — Gardner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Annapolis County: A. A.

Date of death 1907 Month: Jan Day: 14 Age: Years — Months Days

Sex: Male Color or Race: White Birthplace

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband: S.

Father's Name: Wm. B. Gardner Jr Father's Birthplace

Mother's Maiden Name: Hattie P. Scaggs Mother's Birthplace

Name of person giving Information: Wm. B. Gardner Jr. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Woolley & Feldmeyer

Address: Undertakers

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Hattie Pauline Gardiner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis Md — Town; Anne Arundel — County

Date of death: 1904 — Month: Jan — Day: 16

Age: Years: 32 — Months: 3 — Days: 19

Sex: Female — Color or Race: White

Birthplace: Annapolis Md — Anne Arundel Co

Occupation:

Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Married

Name of Husband: Wm B. Gardiner Jr

Father's Name: J B Legg

Father's Birthplace:

Mother's Maiden Name: Harriet T. Hale

Mother's Birthplace: Howard Co

Name of person giving information: Wm B Gardiner Jr

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blood Poisoning — How long: Four days

Immediate: Asthenia — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. Wells.

Address: Annapolis Md.

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Walter Griner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side — County: A. A

Date of death: 1904 — Month: 1 — Day: 5 — Age: Years: 14 — Months: 8 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John A. Griner — Father's Birthplace: Germany

Mother's Maiden Name: Sophia Bast — Mother's Birthplace: Maryland

Name of person giving Imformation: Stella Turner — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: Since Birth

Immediate: Pulmonary Oedema — How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Earl B. Boyd

Address: Shady Side, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Leon Augustus Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: McKendree, County: Anne Arundel

Date of death 190 4: Month: Jan. Day: 29.

Age: Years — Months: 5 Days —

Sex: Male

Color or Race: Black

Birthplace: A.A.Co. Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

90.

Father's Name: John Hall

Father's Birthplace: Md.

Mother's Maiden Name: Margaret Bowell

Mother's Birthplace: Md.

Name of person giving Information: John Hall

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis

How long: 2 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A N Perrie

Address: McKendree, Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Emma L. Herzog

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A. A.

Date of death: Month: Jan — Day: 23 — 1904

Age: Years: 5-0. — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: Bucks Co. Pa.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Charles R. Herzog

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Charles R. Herzog — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma - Mitral Disease — How long: Don't Know

Immediate: Dyspnoea & Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Lola Hill

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County: A. A. Co

Died at

Date of death: Month: Jan | Day: 11 | 1907

Age: Years: 41 | Months | Days

Sex: Female | Color or Race: Colored | Birthplace: Md

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Widow | Name of Wife or Husband

Father's Name | Father's Birthplace

123

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information: Jane Hill | How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sclerosis of Spine & Cystitis | How long: Don't Know

Immediate: Asthenia | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide? ~~Accident or Suicide?~~

9

LIBRARY MUSEUM A88616

Name in Full: Fanny Price Holmes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marley Neck — County: A A

Date of death 1907 — Month: Jan — Day: 4

Age — Years: 40 — Months: — — Days: —

Sex: Female

Color or Race: Negro

Birthplace: Dont Know

Married, Single or Widowed: married

Occupation: housewife

Name of Wife or Husband: Benj Holmes

Father's Name: Dont Know

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know

Mother's Birthplace: Dont Know

Name of person giving In formation: Henry Thomas Mathews

How related to deceased: X X X

177

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 6 Months

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

So far as I know

Signature of Physician: Thomas H Braylean

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A85816

Name in Full: Vilora Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mayo — County: Anne Arundel

Date of death 1904: Month: Jan — Day: 3 — Years: Age 35 — Months: 1 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Anne Arundel Co.

Married, Single or Widowed: Married — Name of Wife or Husband: Jeff. Jackson

Father's Name: Johnson Brashears — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Eugenia Purdy — Mother's Birthplace: Maryland

Name of person giving Imformation: Lee Brashears — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 5 years

Immediate: Diarrhea — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Amelia Jane Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: So. Balto (Town) a, a (County)

Date of death: Month Jan, Day 3, 1904 — Age: Years 65, Months, Days

Sex: Female — Color or Race: White — Birthplace: Prince Geo. Co.

Occupation: Housewife — Where Residing if not in place of death

Married, ~~Single~~ Widowed — Name of ~~Wife or~~ Husband: Stephen A. Jenkins

Father's Name: William Welburn — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace

Name of person giving Information: Stephen A. Jenkins — How related to deceased: Husband

1/64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: one year

Immediate: Heart Failure — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas B. Hortwell M.D.

Address: So Balto, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Charles A. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A. Co.

Date of death: Month: January — Day: 26 — Year: 1904

Age: Years: 79 — Months: — Days: —

Sex: Male

Color or Race: Color

Birthplace: A. A. Co.

Occupation: Seaman

Where Residing if not at place of death: Annapolis Md

Married, Single or Widowed: Married

Name of Wife or Husband: Harriet Johnson

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Mrs R. I. Green

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Dis

How long: 1 yr

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Richard Lane

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ewell — County: A. A. Co.

Date of death: Month: Jany — Day: 2 — Years: 90 4 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co

Occupation: Farming — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Cornelia Hawkins

Father's Name: Thomas Lane — Father's Birthplace:

Mother's Maiden Name: 95 — Mother's Birthplace:

Name of person giving information: Wesley Carter — How related to deceased: Step-son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Congestion of Lungs — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas M. Chaney

Address: Chaney.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Wesley Little

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis — Town: Anne Arundel — County

Date of death 1904: Month: Jan. — Day: 13th — Years: 18 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Anne Arundel Co. Md.

Occupation: Sailor — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: William Little — Father's Birthplace: Md.

Mother's Maiden Name: Leila Pinkney — Mother's Birthplace: Md.

Name of person giving Information: Sister Little — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Tuberculosis — How long: Months

Immediate: Exhanstion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide:

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

Name in Full: Freddie Lutte McGuckian

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: Jan — Day: 3 — Age: Years: 10 — Months: 10 — Days:

Sex: Mal — Color or Race: White — Birthplace: Maine

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: No

Father's Name: Thos McGuckian — Father's Birthplace: Scotland

Mother's Maiden Name: Marguette Gibson — Mother's Birthplace: Scotland

Name of person giving Information: Thos McGuckian — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3½ weeks

Immediate: Hemorrhage from Bowels — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S S Hopkins.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Mary Matthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Ant

Date of death: Month: Jan — Day: 29th — 1904

Age: Years: 62 — Months — Days

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation: Nurse

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband: Wm Matthews

Father's Name: Unknown

Father's Birthplace: Annapolis

Mother's Maiden Name: Unknown

Mother's Birthplace: " "

90.

Name of person giving information: Friend

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: Ten days

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Nicholas Meller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South Baltimore; County: Anne Arundel

Date of death 1904: Month: 1; Day: 4

Age: Years: 88; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Married, Single or Widowed

Occupation: Laborer

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving In formation: John Keller

How related to deceased: No

157

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Suicide by hanging himself

How long

Immediate: 4 " "

How long

TO BE ANSWERED BY PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Hawkins Cor

Address: Brooklyn Md

Accident or Suicide?

9

LIBRARY BUREAU A88316

Name in Full: Maggie Nalls

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Second Dist. County: Anne Arundel

Date of death: Month: Jan. Day: 6 1904

Age: Years: 30 Months: Days:

Sex: Female Color or Race: White Birthplace: Md

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: married Name of Wife or Husband: W. H. Nalls

Father's Name: John Moran Father's Birthplace: Md

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: W. H. Nalls 10. How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe How long: 4 weeks

Immediate: Heart failure How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide?

9

LIBRARY BUREAU A88816

Name in Full: E Peterson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: South Baltimore — County: Anne Arundel

Date of death 1907 — Month: 1 — Day: 20 — Age — Years: 60 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Sweden

Occupation: Sailor — Where Residing if not at place of death: South Baltimore Md

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: 172 — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Frank Tillack — How related to deceased: No

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned — How long:

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Hawkins Coron

Address: Brooklyn A A County Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A8881G

Name in Full: Ella Jane Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodwardville; County: Anne Arundel

Date of death: 1904; Month: 1; Day: 21; Age: Years: 25; Months: 4; Days: 10

Sex: female; Color or Race: African; Birthplace: Millersville

Occupation: Housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: widowed; Name of Wife or Husband: Fletcher Queen

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Wilson; Father's Birthplace: Hall's Md

Mother's Maiden Name: Sarah Jane (Don't know); Mother's Birthplace: A & C Co Md

Name of person giving Imformation: Isaiah Wilson; How related to deceased: Uncle

93.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 2 Weeks

Immediate: Heart & the Lungs; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Du Bois M D

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Elizabeth Randall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: A A

Date of death: Month: Jan Day: 26th 1904 Age: Years: 63 Months: — Days: —

Sex: Female Color or Race: Col Birthplace: Md

Occupation: Nurse Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Husband: David Randall

Father's Name: Unknown Father's Birthplace:

Mother's Maiden Name: " Mother's Birthplace:

Name of person giving Information: David Randall How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of the Heart How long: months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis, Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Elizabeth Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchton; County: A. A.

Date of death: 1904 Month: Jan Day: 22 Age: Years: 62 Months: 9 Days: —

Sex: Female Color or Race: White Birthplace: A.A.Co Md

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Husband: James W. Rogers

Father's Name: John J. Phipps Father's Birthplace: A.A.Co Md

Mother's Maiden Name: Rachel Randall 27 Mother's Birthplace: A.A. Co. Md

Name of person giving Imformation: Odin Rogers How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 years

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo T. Dent M D

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Selden Saunders

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: Jan	Day: 19th	Age: Years: 69	Months: 11	Days: 19
Sex: Male	Color or Race: White		Birthplace: Va		
Occupation: Ag. General of Md.	Where Residing if not at place of death: Annapolis				
Married, Single or Widowed: W. Dowr	Name of Wife or Husband: Ellen Brown Laurence				
Father's Name: William Lemuel Saunders			Father's Birthplace: Va		
Mother's Maiden Name: Martha Lennox			Mother's Birthplace: Va		
Name of person giving information: Wm T Saunders			How related to deceased: Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Rectum		How long: 5 Months
Immediate: Exhaustion		How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W Clinton Chaney	
	Address: 9 St John St. Annapolis Md.	
*Accident or Suicide?		

LIBRARY BUREAU A6UD16

0/70/13/25

Name in Full: James Henry Sears

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown County: A A Co

Date of death: Month: January Day: 31 Years: Age 40 Months: Days: 5 -

Sex: Male Color or Race: White Birthplace: Chaneyville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Rosa J Trott

Father's Name: William H Sears Father's Birthplace: Chaneyville

Mother's Maiden Name: Harriett Carey Mother's Birthplace: —

Name of person giving Information: B. H Sears How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis How long: 1 Year

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J J Murphy

Address: Annapolis

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8631B

Name in Full: Edward Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marley; County: Anne Arundel

Date of death 1904: Month: Jan; Day: 10

Age: Years: 10 4; Months; Days

Sex: Male; Color or Race: Negro; Birthplace: Deal Pleasant Plantation Prince George Co

Married, Single or Widowed: Married first time; Occupation:

Name of Wife or Husband: last wife Maria Small

Father's Name: —; Father's Birthplace: Dont know

Mother's Maiden Name: —; Mother's Birthplace: Dont know

Name of person giving information: Charles Smith; How related to deceased: Grandson

154.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Exhaustion due to old age; How long:

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: Thomas H Brayshaw

Address: Glen Burnie

LIBRARY BUREAU A88518